



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation 2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

FILED

MAR 20 2023

BY

1. Entity ID Number 000030633		2. Exact name of the Corporation Woonsocket Teachers' Guild, AFT 00951	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Labor Union representing Teachers and Paraprofessionals (Teacher Assistants)	
4. NAICS Code 813430			
6. Principal Office Address 68 Cumberland Street, Suite 302		City Woonsocket	State RI Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert J. Stewart		Vice-President Name Roxane D. Cary	
Street Address 77 Anoka Avenue		Street Address 3 Betty Street	
City Barrington	State RI	City Lincoln	State RI
Secretary Name Charleen Gauvin		Treasurer Name George F. Morris, Jr.	
Street Address 15 Wildwood Circle		Street Address 50 Abbott Run Valley Road	
City Millville	State MA	City Cumberland	State RI
Zip 01529		Zip 02864	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name David Andrews, High School Vice-President		Director Name Robin Crane, Elementary Vice-President	
Street Address Mailing: PO Box 635 279 Orchard Woods Drive Saunders town RI		Street Address 81 Dana Street	
City Saunders town	State RI	City Woonsocket	State RI
Zip 02874		Zip 02895	
Director Name Robin Murphy, Middle School Vice-Pres.		Director Name Barbara Ozanian, Paraprofessional Vice-Pres	
Street Address 16 Valley Stream Drive		Street Address 37 Cold Spring Place	
City Cumberland	State RI	City Woonsocket	State RI
Zip 02864		Zip 02895	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative George F. Morris, Jr.		Treasurer	Date March 15, 2023
Signature of Officer/Authorized Representative <i>George F. Morris, Jr.</i>			

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov